PTO/SB/06 (08-03)

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	PA	TENT A	PPLICATIO)N FEE DE	RECORD	normation uni	ss it displays a valid OMB control number. Application or Docket Number					
Substitute for Form PTO-875									109/7/0379			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED) NU	NUMBER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))				7.		s	OR		1			
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = *				1	X \$ =		1		 			
(37	DEPENDENT CLA CFR 1.16(b))	IMS	minus	3 = -		1	X \$ =	 	OR OR	X \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	+s =		OR	+: =			
* If the difference in column 1 is less than zero, enter *0" in column 2.						J	TOTAL		OR	TOTAL		
/ CLAIMS AS AMENDED - PART II									1 0	·	L	
4/20/00											TUAN	
⊣	(Calumn 1)			(Cotumn 2	(Column 3)	7	SMALL ENTITY		OR	SMALL ENTITY		
AMENDMENT		REMAIN AFTE AMENDA	NING ER MENT	NUMBER PREVIOUSL PAID FOR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	19	Minus	- 28	=]	X\$ =		OR	X \$_ =	1	
	Independent (37 CFR 1.16(b))	1.4	Minus	".4/	=	1	x \$=		OR	X \$ =		
M	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+s =		
						•	TOTAL ADD'L FEE	·	OR	TOTAL ADD'L FEE	/	
		(Column	1)	(Column 2) (Column 3)							
AMENDMENT®		CLAIM REMAIN AFTEI AMENDM	ING R	HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(d)	•	Minus	**	=		X \$ =		0.0	v	- FEE	
	Independent (37 CFR 1.16(b))		Minus	***	=		X \$ =		OR OR	x \$=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+s =		
•							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)							•					
AMENDMENT (8)		CLAIM REMAIN! AFTER AMENDM	NG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•	Minus	**	=		x.\$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	***	=	ı	x \$=		OR	x s =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$=		OR	+ \$=		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
***	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.